

DATE: _____ <small>(continued on Page _____)</small>						404 MITIGATION PROJECT WORK SCHEDULE & PERFORMANCE REPORT								FEMA PROJECT # _____ STATE ID # _____									
DISASTER # _____ STATE PROJECT# _____ FEMA PROJECT# _____ PERFORMANCE PERIOD _____ To _____						*COMPLETION DATE EXTENDED TO: _____ *REVISED PERFORMANCE PERIOD APPROVED BY STATE: ____ (Int) *REVISED PERFORMANCE PERIOD APPROVED BY FEMA: ____ (Int)							APPLICANT: _____ APPLICANT AGENT: _____ PHONE NUMBER: _____										
=====						=====																	
GRANT AWARDED \$ _____												QUARTERLY REPORTS:											
TOTAL GRANT SPENT FOR ALL PREVIOUS QUARTERS - \$ _____												1		2		3		4					
PROJECT COST SPENT (THIS QUARTER ONLY) x _____ % - \$ _____																							
TOTAL AMOUNT OF ALL RECIEPTS ON PROJECT TO DATE \$ _____																							
												_____ DATE		_____ DATE		_____ DATE		_____ DATE					
STATUS CODES: (EXPLAIN)						COST CODES: (EXPLAIN)						STATE CONTACT: _ _____ PHONE NO: _____ STATE REVIEW DATE: _____ INITIAL: _____						FEMA REVIEW DATE: _____ INITIAL: _____					
1 – ON SCHEDULE 2 – SUSPENDED 3 – DELAYED 4 – CANCELLED 5 – COMPLETED						1 – COST UNCHANGED 2 – COST OVER ESTIMATE 3 – COST UNDER ESTIMATE																	
PROJECT ACTIVITY						QUARTER 1		QUARTER 2		QUARTER 3		QUARTER 4		FINAL									
						SC	CC	SC	CC	SC	CC	SC	CC	SC	CC								
LIST PROJECTED COMPLETION DATES:						DATE: MO/YEAR																	
Bids Advertised _____																							
Bids Awarded _____																							
Conditions of the CATEx or EA/FONSI document _____																							
404 Permit _____																							
Floodplain Permit _____																							
Other Permits, if applicable _____																							
NHPA, if historic issues _____																							
PA, SMMA or MOA requirements _____																							
Other Conditions, if applicable _____																							
Closeout of environmental requirements _____																							
Begin Construction _____																							
End Construction _____																							
Close out of financial requirements _____																							
Completion of project:																							
Projected Completion Date _____																							
Revised Projected Completion Date* _____																							
Actual Completion Date _____																							
Reconciliation _____																							

Comments on project progress:

APPLICANT AGENT SIGNATURE: _____

By signing, I certify this project will not be changed
without prior written approval from FEMA and the State.